

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

BARBARA O'CONNOR

(b) County of Residence of First Listed Plaintiff HARTFORD, CT

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

ADAM S. BARRIST, ESQ., 215-432-8829
40 ROCK HILL ROAD, BALA CYNWYD, PA 19004

DEFENDANTS

NEW JERSEY MANUFACTURERS
INSURANCE CO. d/b/a NJM INSURANCE GROUP

County of Residence of First Listed Defendant _____

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☒ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions](#).

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input checked="" type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) _____ ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

28 U.S.C. §1332

Brief description of cause:

Action for underinsured motorist benefits arising out of a motor vehicle collision

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

In excess of \$150,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE
04/22/2018SIGNATURE OF ATTORNEY OF RECORD
/s/ ASB3587

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 41 Blocher Farm Place, Southington, CT 06489

Address of Defendant: 301 Sullivan Way, West Trenton, NJ 08628

Place of Accident, Incident or Transaction: Tulpehocken Township, Berks County, PA
(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?
(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a)) Yes ☐ No ☒

Does this case involve multidistrict litigation possibilities? Yes ☐ No ☒

RELATED CASE, IF ANY:

Case Number: _____ Judge _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?
Yes ☐ No ☒
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?
Yes ☐ No ☒
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?
Yes ☐ No ☒
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?
Yes ☐ No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases
(Please specify) _____

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☒ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases
(Please specify) _____

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, Adam S. Barrist, Esq., counsel of record do hereby certify:

- ☒ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: 04/22/2018

Attorney-at-Law

88645

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 04/22/2018

Attorney-at-Law

88645

Attorney I.D.#

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

BARBARA O'CONNOR

Plaintiff,

v.

NEW JERSEY MANUFACTURERS

INSURANCE CO. Defendant.

:
:
:
:
:
:

CIVIL ACTION

NO.

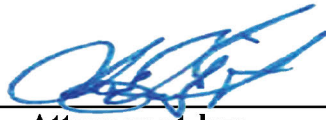
In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (x)

04/22/2018

Date


Attorney-at-law

Plaintiff, Barbara O'Connor

Attorney for

215-432-8829

Telephone

267-247-3098

FAX Number

abarrist@barristfirm.com

E-Mail Address

3. Jurisdiction is conferred pursuant to 28 U.S.C §1332 as Plaintiff is a citizen, resident and domiciliary of the State of Connecticut and Defendant is a citizen, corporation,

partnership or other business entity of the State of New Jersey.

4. There is, therefore, complete diversity of citizenship between all Plaintiffs and all Defendants.
5. The amount in controversy exceeds the sum of \$75,000.00, exclusive of interest, fees and costs.
6. Venue is proper in this Court pursuant to 28 U.S.C. § 1391(b)(2), as the motor vehicle collision giving rise to this litigation occurred in Tulpehocken Township, Berks County, PA, within this District.

FACTS

7. On or about September 30, 2017, Mrs. O'Connor was seriously injured when, at or around Four Point Road, near the intersection of Pottieger Road, in Tulpehocken Township, PA, a vehicle driven by Maria Quezada-Depena ("Ms. Quezada-Depena") that was traveling in the opposite direction, swerved across the double yellow line, hitting head-on a vehicle in which Mrs. O'Connor was a passenger.
8. The vehicle in which Mrs. O'Connor was a passenger was being driven by NJM insured, Rita Stock ("Ms. Stock").
9. Prior to the institution of this suit, Ms. Quezada-Depena's third-party bodily injury insurance policy limits were fully tendered to the various parties who were injured as the result of her negligence.
10. Prior to accepting a settlement with Ms. Quezada-Depena's insurer in the third-party bodily injury claim, Mrs. O'Connor sought and obtained from NJM permission to do so, so that she could pursue the within claim for Underinsured Motorist (UIM) benefits under Ms. Stock's NJM UIM policy. A true and correct copy of the January 25, 2018 letter

from NJM, approving of the underlying third-party bodily injury settlement, is attached hereto, incorporated herein, and marked as Exhibit “A.”

11. Further, prior to the institution of the within suit, NJM confirmed, in writing, that it was bound to provide primary UIM coverage for this loss, as opposed to Mrs. O’Connor’s auto insurer, Liberty Mutual. A true and correct copy of the January 25, 2018 email from NJM, confirming that that entity is bound to provide primary UIM coverage is attached hereto, incorporated herein, and marked as Exhibit “B.”
12. Neither Ms. Stock nor Mrs. O’Connor were charged or deemed at fault for their roles in the subject collision.
13. The Tulpehocken Township Police Department charged Ms. Quezada-Depena with multiple violations of the Pennsylvania Motor Vehicle Code and deemed her at-fault in the subject collision. A true and correct copy of the Tulpehocken Township Police Report is attached hereto, incorporated herein, and marked as Exhibit “C.”
14. Such violent collision caused Mrs. O’Connor to **a)** sustain the permanent injuries described below, that have caused her body to not heal or function normally with further medical treatment; and **b)** suffer significant financial harm.

COUNT ONE – UNDERINSURED MOTORIST COVERAGE

15. Plaintiff incorporates, by reference, the foregoing paragraphs, as though set forth fully herein.
16. As the direct and proximate cause of Ms. Quezada-Depena’s negligence as stated above, Mrs. O’Connor has suffered severe permanent physical injury and financial loss.
17. The injuries that Mrs. O’Connor has sustained are permanent in nature. Mrs. O’Connor has suffered great physical and mental pain and anguish, and in all reasonable probability,

will continue to suffer in this manner for a long time in the future, if not for the balance of her natural life.

18. As a further result of the above negligent acts committed by Ms. Quezada-Depena, Mrs. O'Connor has incurred and will continue to incur substantial medical expenses for medical care and attention and will continue to incur additional medical expenses into the foreseeable future.

19. In addition, Mrs. O'Connor has suffered other economic injury and will likely continue to suffer such economic injury.

20. Ms. Quezada-Depena operated her vehicle in such a reckless, careless, and/or negligent manner as to have caused the aforesaid collision to occur.

21. Ms. Quezada-Depena had a duty to Mrs. O'Connor to not operate her vehicle in such a reckless, careless, and/or negligent manner.

22. Ms. Quezada-Depena breached said duty, as set forth below.

23. As a direct and proximate result of the aforesaid acts, omissions, recklessness, carelessness, and/or negligence on the part of Ms. Quezada-Depena, Mrs. O'Connor suffered severe personal injuries; has been and will be in the future, made to endure great pain and suffering, both physical and mental in nature, has been and will be in the future required to expend great sums of money for medical services; has been and will be in the future prevented from attending to her regular activities, duties and responsibilities; has been and will in the future be made to suffer lost earnings and other pecuniary loss.

24. The aforesaid accident was caused by the negligence, carelessness, and/or recklessness of Ms. Quezada-Depena because she:

(a) Failed to keep her vehicle under control at all relevant times;

- (b) Was guilty of 75 Pa.C.S.A. §3714;
- (c) Was guilty of 75 Pa.C.S.A. §3309;
- (d) Caused her vehicle to cross the double yellow line, striking the vehicle in which Mrs. O'Connor was a passenger;
- (e) Was driving at an excessive speed under the circumstances;
- (f) Disregarded traffic signals and signs;
- (g) Failed to keep a proper lookout;
- (h) Failed to pay attention to oncoming traffic;
- (i) Caused a violent collision to take place; and
- (j) Otherwise failed to exercise due care under the circumstances.

25. As the result of the above-referenced accident, Mrs. O'Connor suffered painful and serious injuries, including, but not limited to:

- Eight (8) fractured ribs
- A fractured sternum
- Severe visible bruising and permanent disfigurement, resulting therefrom
- Concussion
- Closed head injury
- Post-traumatic headache
- Knee ailments, the extent of which is presently unknown
- Neck ailments, the extent of which is presently unknown
- Back ailments, the extent of which is presently unknown
- Post-traumatic cervicalgia
- Anxiety

- Sleep disorder
- Cognitive impairment
- Disc bulges and herniations
- Radiculopathy
- Strains and sprains throughout her body

26. As a result of such accident, Mrs. O'Connor has incurred medical expenses and will continue to incur said medical expenses for an indefinite time into the future.

27. As a result of such accident, Mrs. O'Connor suffered grievous pain and suffering and may continue to suffer same for an indefinite time into the future.

28. As a further result of such accident, Mrs. O'Connor has suffered and will continue to suffer a loss of life's pleasures.

29. Mrs. O'Connor is an intended third-party beneficiary of Ms. Stock's NJM UIM policy (#F396600-9), which provides for UIM limits of \$300,000.00 (Three-Hundred Thousand Dollars). A true and correct copy of Ms. Stock's NJM Declarations Page is attached hereto, incorporated herein, and marked as Exhibit "D."

30. NJM is and was duly licensed to engage in the Commonwealth of Pennsylvania in the sale, issuance and distribution of policies of automobile insurance providing various forms of coverage to drivers, passengers and owners of automobiles in the Commonwealth of Pennsylvania.

31. NJM did issue for consideration, Policy #F396600-9, which provides, pursuant to Pennsylvania law, for UIM coverage, and under said coverage, NJM agreed to pay all sums which, *inter alia*, occupants of Ms. Stock's vehicle would legally be entitled to recover in the event of an underinsured motorist scenario, such as the one that exists in

this case.

32. NJM is, therefore, liable to Mrs. O'Connor, an occupant of the NJM-insured vehicle of Ms. Stock for her injuries, damages and losses caused by the negligence of Ms. Quezada-Depena, who was underinsured at the time of the subject collision.

33. Despite having made a demand under Ms. Stock's NJM UIM policy, NJM has refused to properly negotiate a reasonable settlement for the injuries and damages in the subject collision, pursuant to the aforesaid contract of insurance.

WHEREFORE, Plaintiff, Barbara O'Connor demands judgment against the Defendant, NJM in an amount in excess of \$150,000.00, plus costs, fees and whatever additional relief that this Honorable Court deems just and appropriate.

THE BARRIST FIRM, LLC



By: /s/ ASB3587

Adam S. Barrist, Esq.
THE BARRIST FIRM, LLC
40 Rock Hill Road
Bala-Cynwyd, PA 19004

Attorney for Plaintiff

Date: April 22, 2018

NO. _____

EXHIBIT "A"

January 25, 2018

The Barrist Firm
Attn: Adam S Barrist, Esq.
40 Rock Hill Rd
Bala Cynwyd PA 19004

Re: Our Claim No: 2017-775543
Our Policy No: F396600
Our Insured: Rita M Stock
Date of Loss: September 30, 2017
Your Client: Barbara J O'Connor

Dear Mr. Barrist:

Please accept the following in response to your letter seeking Longworth approval on behalf of your client. New Jersey Manufacturers Insurance Company (NJM) has completed its assets investigation of the tortfeasor. At this time, you are authorized to accept the tortfeasor's settlement offer.

In reference to your client's asserted UIM claim, NJM asks that you provide us with the following documentation:

- A signed authorization for the release of your client's PIP file
- A copy of the demand package sent to the tortfeasor's insurance carrier or attorney
- A signed authorization for the release of your client's primary care physician's records, along with the primary care physician's name, address and telephone number

Please be aware that NJM intends to rely on the statute of limitations as a defense in this matter and that the accrual of the statute of limitations date will preclude any UIM claim. Any investigation, communications or other actions taken by NJM will not serve to toll the statute of limitations period unless waived in writing.

Should you wish to discuss any aspect of this claim, please feel free to contact me at the above number.

Very truly yours,

Kelly Dynof
Bodily Injury Representative

EXHIBIT "B"

From: Dynof, Kelly KDynof@njm.com 
Subject: RE: 2017-775543 - O'Connor
Date: January 25, 2018 at 11:22 AM
To: Adam Barrist abarrist@barristfirm.com



Hi Adam,

I got the confirmation that we are primary for this UIM. Please see attached.

Thank you,

Kelly Dynof
NJM Insurance Group
Phone: 1-800-367-6564 x5245

EXHIBIT "C"

Incident No: 17-1455
Reportable: Y

Commonwealth of Pennsylvania
Police Crash Report

Report Number: W0634902
Case Closed: Y

Police Agency	Agency	Patrol Zone	Dispatch Time	Arrival Time
	Tulpehocken Township	239	1549	1557
	Investigator	Badge	Precinct	Investigation Date
	PTLM CHAD HEPLER	2		09-30-2017
	Reviewer	Badge		Approval Date
	KRIS T KERSCHNER	1		10-17-2017

Crash Data	County/Municipality		Crash Date	Crash Time	Day of Week
	Berks/Tulpehocken Township		09-30-2017	1547	SATURDAY
	Crash Description		Units	People	Injured
	Angle		2	6	6
	Type of Intersection		School Bus	School Zone	PennDOT Property Damage
	Mid-block		No	No	No
	Special Location				
	Not applicable				
	Illumination		Road Surface Conditions		
	Daylight		Dry		
	Relation to Roadway		Weather Conditions		
	On roadway		No adverse conditions		

Work Zone	Work Zone	Speed Limit	Work Zone Characteristics
	No		
	Work Zone Type	Workers Present	
	Where in Work Zone	Officer Present	

Location	Principal Road				
	Route Signing	Route No.	Segment No.	Speed Limit	Travel Lanes
	Local road or street			45 Mph	02
	Street	Street Ending		Orientation	House #
	FOUR POINT	Road		South	
	Landmark				
	Landmark 1 POTTIEGER Road. Landmark 2 STRAUSSTOWN Road. The distance from the crash scene to POTTIEGER Road is 0.1 mile(s).				
	GPS Degrees Minutes:Seconds.Decimal				
	Latitude : Longitude : -				
	Traffic Control Device			Traffic Control Functioning	
Not applicable			No controls		
	Lane Closed	Lane Closure Direction	Traffic Detoured	Estimated Time Closed	
	Not applicable				
	Accident Investigation Notification Issued?			Property Damage	
	Yes			No	

Crash Events/Factors	First Harmful Event		Environmental/Roadway Potential Factor	
	Unit:	Event:	1	None
	1	Hit unit 02		
	Most Harmful Event		2	
	Unit:	Event:	3	
	1	Hit unit 02		
	Indicated Prime Factor Source	Unit No.	Prime Factor	
	Driver	01	Over/under compensation at curve	

Incident No: 17-1455

Commonwealth of Pennsylvania

Report Number: W0634902

Reportable: Y

Police Crash Report

Case Closed: Y

Driver/Pedestrian Information	Unit No.	Name/Address			Date of Birth		Telephone No.	
	1	MARIA QUEZADA-DEPENA			06-15-1971			
	Commercial	1247 N 11TH ST			Class	License Number	License State	
	N	READING PA 19604			C	30405304	Pennsylvania, US	
	Type Unit				Owner/Driver			
	Motor vehicle in transport				Private vehicle owned/leased by driver			
	Driver Presence				Driver or Pedestrian Physical Condition			
	Driver operated vehicle				Apparently normal			
	Alcohol/Drugs Suspected		Alcohol Test Type		Alcohol Test Results			
	No		Test not given		Test not given			
Harmful Events		Side of Road	Most Harmful	Utility Pole #	Violations		Charged	
1	Hit unit 02		Yes		1	3714 - Careless Driving	Yes	
2					2	3309 - Driving on roadways laned for traffic.	Yes	
3					3	None		
4					4	None		
Driver Action 1		Driver Action 2		Driver Action 3		Driver Action 4		
Over/under compensation at curve								
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing		Pedestrian Location		

Vehicle Information	Name/Address			Insurance	Insurance Co.	Policy Number
	MARIA C QUEZADA DE PENA 1247 N 11TH ST READING PA 19604			Yes	STATE FARM	250 6732-D20-38B
	Vehicle Type			Reg. State	Plate Number	Special Usage
	Automobile			Pennsylvania, US	KLA5093	Not applicable
	Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN	
	2008	Mazda	MAZADA	Black	1YVHP80CX85M38993	
	Trailing Units	Trl Tag State	Type Trailing Unit	Trailer Tag Number	Trailer Tag Year	
	No trailing units					
	Est. Speed	Towed	Towed By	Vehicle Movement	Vehicle Position	
	999	Yes	BLATTS TOWING	Negotiating curve - left	Right lane (Curb)	
Travel Dir.	Gradient	Road Alignment	Initial Impact Point	Damage Indicator		
South	Crest/top of hill	Curved	3 O'clock	Disabling (severe - not driveable)		
Possible Vehicle Failure 1			Possible Vehicle Failure 2			
None						

Motorcycle	Engine Size	Saddle Bag/Trunk		Trailer	Drivers Education		Passenger?
	DRIVER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sleeves	Long Pants	Over Ankle Boot
	PASSENGER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sleeves	Long Pants	Over Ankle Boot

Incident No: 17-1455

Commonwealth of Pennsylvania

Report Number: W0634902

Reportable: Y

Police Crash Report

Case Closed: Y

Pedalcycle	Passenger?	Helmet?
	Head Lights?	Rear Reflectors?

Incident No: 17-1455

Commonwealth of Pennsylvania

Report Number: W0634902

Reportable: Y

Police Crash Report

Case Closed: Y

Driver/Pedestrian Information	Unit No.	Name/Address			Date of Birth		Telephone No.	
	2	RITA STOCK			07-14-1950		(570) 390-7737	
	Commercial	161 BLUE HERON WAY			Class	License Number	License State	
	N	HAWLEY PA 18428			C	32597596	Pennsylvania, US	
	Type Unit				Owner/Driver			
	Motor vehicle in transport				Private vehicle not owned/leased by driver			
	Driver Presence				Driver or Pedestrian Physical Condition			
	Driver operated vehicle				Apparently normal			
	Alcohol/Drugs Suspected		Alcohol Test Type		Alcohol Test Results			
	No		Test not given		Test not given			
Harmful Events		Side of Road	Most Harmful	Utility Pole #	Violations		Charged	
1 Struck by unit 01			Yes		1			
2					2			
3					3			
4					4			
Driver Action 1		Driver Action 2		Driver Action 3		Driver Action 4		
No contributing action								
Pedestrian Action		Pedestrian Signals		Pedestrian Clothing		Pedestrian Location		

Vehicle Information	Name/Address			Insurance	Insurance Co.	Policy Number
	JOHN T STOCK			Yes	NEW JERSEY MANUFACTURE RS	F396600-9
	161 BLUE HERON WAY					
	HAWLEY PA 18428					
	Vehicle Type			Reg. State	Plate Number	Special Usage
	SUV			Pennsylvania, US	KHL8899	Fire vehicle
	Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN	
	2008	Subaru	FORESTER	White	JF1SG67628H718380	
	Trailing Units	Trl Tag State	Type Trailing Unit	Trailer Tag Number	Trailer Tag Year	
	No trailing units					
Est. Speed	Towed	Towed By	Vehicle Movement	Vehicle Position		
999	Yes	BLATTS TOWING	Negotiating curve - left	Right lane (Curb)		
Travel Dir.	Gradient	Road Alignment	Initial Impact Point	Damage Indicator		
North	Crest/top of hill	Curved	11 O'clock	Disabling (severe - not driveable)		
Possible Vehicle Failure 1			Possible Vehicle Failure 2			
None						

Motorcycle	Engine Size	Saddle Bag/Trunk		Trailer		Drivers Education	Passenger?
	DRIVER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sleeves	Long Pants	Over Ankle Boot
	PASSENGER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sleeves	Long Pants	Over Ankle Boot

Pedalcycle	Passenger?	Helmet?
	Head Lights?	Rear Reflectors?

Incident No: 17-1455

Commonwealth of Pennsylvania

Report Number: W0634902

Reportable: Y

Police Crash Report

Case Closed: Y

People Information	Unit No.	Name/Address		Gender	Date of Birth	Telephone No.
	01	QUEZADA-DEPEN, MARIA C		Female	06-15-1971	
	Person No.	1247 N 11TH ST		Seat Position		
	01	READING PA 19604		Driver - all vehicles		
	Person Type	Injury Severity	Extrication			
	Driver	Suspected Minor Injury (previously moderate injury)	Not applicable			
Ejection	Ejection Path					
Not applicable	Not Ejected / Not Applicable					
Safety Equipment 1	Safety Equipment 2					
Lap and shoulder belt used	Front air bag deployed (for this seat)					
EMS Transport	EMS Agency	Medical Facility				
Yes	WESTERN BERKS AND BETHEL EMS	READING HOSPITAL				

People Information	Unit No.	Name/Address		Gender	Date of Birth	Telephone No.
	01	MARIA MARTINEZ		Female	01-02-1956	(484) 794-1814
	Person No.	1135 ROSARE STREET		Seat Position		
	02	REA PA 19604		Front seat right side		
	Person Type	Injury Severity	Extrication			
	Passenger	Suspected Minor Injury (previously moderate injury)	Not applicable			
Ejection	Ejection Path					
Not applicable	Not Ejected / Not Applicable					
Safety Equipment 1	Safety Equipment 2					
Lap and shoulder belt used	Front air bag deployed (for this seat)					
EMS Transport	EMS Agency	Medical Facility				
Yes	WESTERN BERKS AND BETHEL EMS	READING HOSPITAL				

People Information	Unit No.	Name/Address		Gender	Date of Birth	Telephone No.
	01	AINIESSA ROSADO		Female	01-15-1966	(484) 557-3240
	Person No.	749 BIRCH STREET		Seat Position		
	03	READING PA 19604		Second row - left side or motorcycle passenger		
	Person Type	Injury Severity	Extrication			
	Passenger	Suspected Minor Injury (previously moderate injury)	Not applicable			
Ejection	Ejection Path					
Not applicable	Not Ejected / Not Applicable					
Safety Equipment 1	Safety Equipment 2					
Lap and shoulder belt used	None used / Not applicable					
EMS Transport	EMS Agency	Medical Facility				
Yes	WESTERN BERKS AND BETHEL EMS	READING HOSPITAL				

Incident No: 17-1455
Reportable: Y

Commonwealth of Pennsylvania
Police Crash Report

Report Number: W0634902
Case Closed: Y

People Information	Unit No. 01	Name/Address YURISSA MEENIA	Gender Female	Date of Birth 02-29-1972	Telephone No. (484) 219-7135	
	Person No. 04	127 S THIRD STREET READING PA 19602		Seat Position Second row - right side		
	Person Type Passenger		Injury Severity Suspected Minor Injury (previously moderate injury)		Extrication Not applicable	
	Ejection Not applicable		Ejection Path Not Ejected / Not Applicable			
	Safety Equipment 1 Lap and shoulder belt used			Safety Equipment 2 None used / Not applicable		
	EMS Transport Yes	EMS Agency WESTERN BERKS AND BETHEL EMS		Medical Facility READING HOSPITAL		

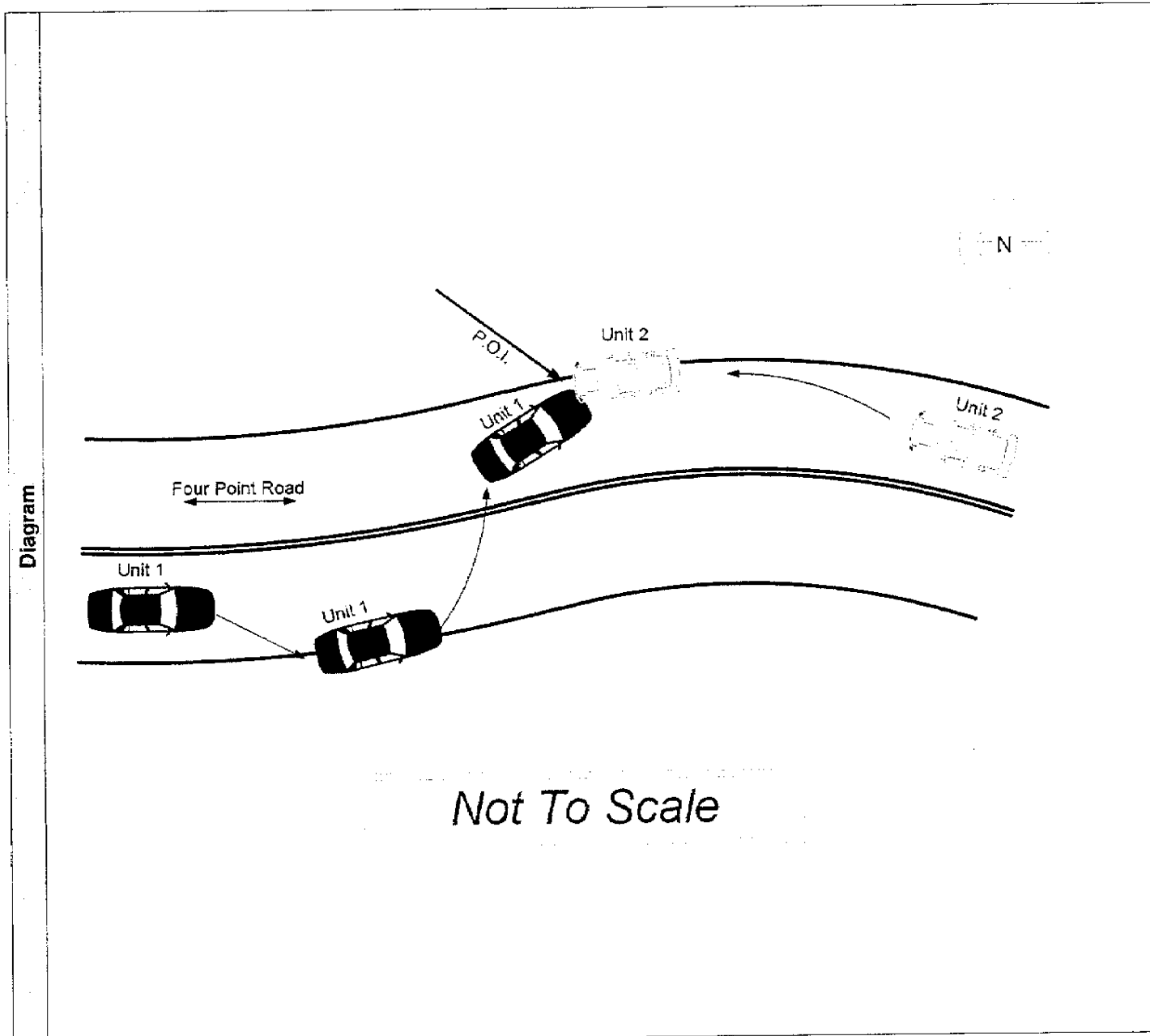
People Information	Unit No. 02	Name/Address STOCK, RITA M	Gender Female	Date of Birth 07-14-1950	Telephone No. (570) 390-7737	
	Person No. 01	161 BLUE HERON WAY HAWLEY PA 18428		Seat Position Driver - all vehicles		
	Person Type Driver		Injury Severity Suspected Minor Injury (previously moderate injury)		Extrication Not applicable	
	Ejection Not applicable		Ejection Path Not Ejected / Not Applicable			
	Safety Equipment 1 Lap and shoulder belt used			Safety Equipment 2 Front air bag deployed (for this seat)		
	EMS Transport Yes	EMS Agency WESTERN BERKS AND BETHEL EMS		Medical Facility READING HOSPITAL		

People Information	Unit No. 02	Name/Address BARBARA OCONNOR	Gender Female	Date of Birth 12-07-1950	Telephone No. (860) 426-3237	
	Person No. 02	41 BLOCHER FARM PLACE SOUTHINGTON CT 06489		Seat Position Front seat right side		
	Person Type Passenger		Injury Severity Suspected Serious Injury (previously major injury)		Extrication Not applicable	
	Ejection Not applicable		Ejection Path Not Ejected / Not Applicable			
	Safety Equipment 1 Lap and shoulder belt used			Safety Equipment 2 Front air bag deployed (for this seat)		
	EMS Transport Yes	EMS Agency WESTERN BERKS AND BETHEL EMS		Medical Facility READING HOSPITAL		

Incident No: 17-1455
Reportable: Y

Commonwealth of Pennsylvania
Police Crash Report

Report Number: W0634902
Case Closed: Y



Narrative	Driver of unit 2 stated that she was traveling north on SR 419 when Unit 1 crested the top of the left curve at a high rate of speed and started to go off the west berm, cut her vehicle to the left and started coming into her lane of travel. She slowed down and got over the east berm as much as possible and unit 1 struck her head on in her travel lane.
	According to tire marks and impact location unit 2's statement appears to be correct.

EXHIBIT "D"

NEW JERSEY MANUFACTURERS INSURANCE COMPANY
WEST TRENTON, NEW JERSEY 08628-0118

DECLARATIONS

AUTOMOBILE POLICY DECLARATIONS

NAMED INSURED AND ADDRESS

RITA M STOCK
161 BLUE HERON WAY
HAWLEY PA 18428

POLICY PERIOD

POLICY NUMBER

FROM TO
01 24 2017 01 24 2018
MO. DAY YR. MO. DAY YR.
12:01 A.M. STANDARD TIME

F396600-9

THE AUTO(S) OR TRAILER(S) DESCRIBED IN THIS POLICY IS (ARE) PRINCIPALLY GARAGED AT THE ABOVE ADDRESS UNLESS OTHERWISE STATED:

COVERAGE IS PROVIDED WHERE A PREMIUM AND A LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

Description of Auto or Trailer	YEAR & TRADE NAME	BODY TYPE OR MODEL	SERIAL NUMBER	RATING INFORMATION											
				Terr.	Class	DT	GS	AT	PR	AL	TORT	DI	TE	HC	
CAR 01	2008 SUBARU	WAGON	JF1SG67628H718380	055	880120					T13A	LMT		20	5	
CAR 02	2011 TOYOTA	UTILITY	2T3BF4DV9BW095578	055	880120					T33A	LMT		20	5	
Coverages and Limit of Liability	A. LIABILITY	B. UNINSURED MOTORISTS (UM)	C. UNDER-INSURED MOTORISTS (UIM)	D.	E. DAMAGE TO YOUR AUTO				F. TOWING & LABOR COSTS	G. ADDED FIRST PARTY BENEFITS					
	EACH ACCIDENT				1. COLLISION		2. OTHER THAN COLLISION		EACH DISABLEMENT						
					ACTUAL CASH VALUE MINUS DEDUCTIBLE										
					SYM	DED	SYM	DED							
CAR 01	\$ 300,000	\$300,000	\$300,000		H	\$ 500	H	\$ 500	\$ 75						
CAR 02	\$ 300,000	\$300,000	\$300,000		19	\$ 500	20	\$ 500	\$ 75						
PREMIUM	A.	B.	C.	D.	E.1.	E.2.	F.	G.	TOTALS						
CAR 01	6D \$ 217	5 \$ 22	5 \$ 54	A \$	7 \$ 208	7 \$ 100	\$ 0	\$ 94	\$ 695.00						
CAR 02	6D \$ 217	5 \$ 22	5 \$ 54	A \$	7 \$ 229	7 \$ 91	\$ 0	\$ 94	\$ 707.00						
	\$	\$	\$	\$	\$	\$	\$	\$	\$						
	\$	\$	\$	\$	\$	\$	\$	\$	\$						

ENDORSEMENTS MADE A PART OF THIS POLICY AS OF THE EFFECTIVE DATE OF THESE DECLARATIONS:

A-711 (07/16) PERSONAL AUTO POLICY
A-627 (02/12) UM COV-PA (STACKING REJECTED)
A-626 (02/12) UIM COV-PA (STACKING REJECTED)
A-12 (12/92) EXTRAORDINARY MED BENEFIT (EMB)
A-623 (7/99) LIMITED TORT NOTICE
A-755 (10/10) NJM ROADSIDE ASSISTANCE

ENDORSEMENT PREMIUM \$

TOTAL POLICY PREMIUM 1402.00

BALANCE \$ 1402.00

COLLISION COVERAGE PROVIDED BY THE POLICY APPLIES TO A SHORT-TERM RENTAL OF A PRIVATE PASSENGER AUTO; AND A PICKUP, VAN, OR TRAILER NOT USED FOR BUSINESS PURPOSES. COVERAGE DOES NOT APPLY TO A RENTAL VEHICLE USED IN THE BUSINESS OF SELLING, REPAIRING, SERVICING, STORING OR PARKING AUTOS.

LOSS PAYEE:

"CERTIFIED TO BE A TRUE COPY"

MG
DATE

11/2/17
DATE

Livia Hillmyer

COUNTERSIGNED AT TRENTON, NEW JERSEY ON 01/25/2017
THIS POLICY SHALL NOT BE VALID UNLESS COUNTERSIGNED
BY OUR AUTHORIZED AGENT.

11
4778

SCH=1
F0049 (08/09)

DISCOUNT INFORMATION SUPPLEMENT

NAMED INSURED AND ADDRESS

RITA M STOCK
161 BLUE HERON WAY
HAWLEY PA 18428

POLICY NUMBER

F396600-9

THE PREMIUMS SHOWN ON THE ENCLOSED AUTOMOBILE POLICY DECLARATIONS ALREADY INCLUDE THE FOLLOWING DISCOUNTS.

CREDIT AMOUNTS PER VEHICLE ARE DISPLAYED BELOW.

VEHICLE	ANTI-THEFT (AT)	PASSIVE RESTRAINT (PR)	ANTI-LOCK DISCOUNT (AL)	DRIVER IMPROVEMENT COURSE (DI)	HOMEOWNERS POLICYHOLDER CREDIT (HC)
2008 SUBARU	\$5 CREDIT	\$40 CREDIT FOR AIRBAGS AND/OR PASSIVE BELTS	\$10 CREDIT	NONE	\$27 CREDIT
2011 TOYOTA	\$16 CREDIT	\$40 CREDIT FOR AIRBAGS AND/OR PASSIVE BELTS	\$10 CREDIT	NONE	\$28 CREDIT

A MULTI-CAR DISCOUNT HAS BEEN APPLIED.

DRIVER TRAINING (DT) AND/OR GOOD STUDENT (GS) DISCOUNTS, IF APPLICABLE, APPEAR UNDER RATING INFORMATION ON THE DECLARATIONS.

A PREMIUM DISCOUNT OF 5% WILL BE APPLIED TO THE BASE PREMIUMS FOR LIABILITY, FIRST PARTY MEDICAL BENEFITS, OTHER THAN COLLISION AND COLLISION COVERAGES. THIS DISCOUNT IS APPLICABLE IF YOU MAINTAIN AN ACTIVE NJM HOMEOWNERS POLICY IN WHICH YOU ARE THE OWNER AND OCCUPANT OF THE INSURED PROPERTY. THE ELIGIBLE HOMEOWNERS POLICY FORMS ARE HO-2, HO-3, AND HO-6.

FOR MORE INFORMATION ON THE APPLICATION OF THESE AND OTHER DISCOUNTS CALL OUR CUSTOMER SERVICE DEPARTMENT.

BP-1 (07-96)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

This card must be shown to any Law Enforcement Officer upon request

12122 NEW JERSEY MANUFACTURERS INSURANCE COMPANY

301 SULLIVAN WAY

WEST TRENTON, NEW JERSEY 08628-0118

RITA M STOCK

161 BLUE HERON WAY

HAWLEY PA 18428

POLICY NUMBER

F396600-9

EFFECTIVE DATE

JAN 24, 2017

NOT VALID MORE THAN 1

YEAR FROM EFFECTIVE DATE

Applicable with respect to the following Motor Vehicle:

2008 SUBARU

Year

JF1SG67628H7 18380

Vehicle Identification Number

Livia Hillmyer

Authorized Representative

SEE IMPORTANT MESSAGE ON REVERSE SIDE

DRIVE DEFENSIVELY

AND USE SEAT BELTS AT ALL TIMES.

BP-1 (07-96)

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

This card must be shown to any Law Enforcement Officer upon request

12122 NEW JERSEY MANUFACTURERS INSURANCE COMPANY

301 SULLIVAN WAY

WEST TRENTON, NEW JERSEY 08628-0118

RITA M STOCK

161 BLUE HERON WAY

HAWLEY PA 18428

POLICY NUMBER

F396600-9

EFFECTIVE DATE

JAN 24, 2017

NOT VALID MORE THAN 1

YEAR FROM EFFECTIVE DATE

Applicable with respect to the following Motor Vehicle:

2011 TOYOTA

Year

2T3BF4DV9BW095578

Vehicle Identification Number

Livia Hillmyer

Authorized Representative

SEE IMPORTANT MESSAGE ON REVERSE SIDE

FOR NJM ROADSIDE ASSISTANCE,

ADD 1-800-367-6564

TO THE CONTACT LIST

ON EACH DRIVER'S PHONE.

IMPORTANT NOTICE Regarding your Financial Responsibility Insurance Identification Card.

New Jersey Manufacturers Insurance Company is required by Pennsylvania law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company or agent for a replacement.

The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid. You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.